

TENNESSEE CERTIFIED CROP ADVISER CEU SIGN IN SHEET

MEETING NAME: _____

Sequence No. _____

LOCATION: _____ **DATE:** _____

Please attach a copy of the meeting program containing the date and location of the meeting, titles of each presentation or session, the length of each session, and a time schedule. If the title of the session does not indicate the topic, a short description of program content will be needed. If the speaker is not representing a well-known organization or the title does not indicate level of expertise, a short description of credentials will also be needed. If this is only a summary of CCA CEU participants, attach copy of original sign-up/signature sheet.

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Mail this form with attached documentation to:

Mr. Cleston Parris
7633 Breckenridge Lane
Knoxville, TN 37938-4129